

CLAIMS						SERIAL NO.	PILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
1						51	
2						52	
3			2			53	
4			2			54	
5			2			55	
6			2			56	
7			2			57	
8			2			58	
9			2			59	
10			2			60	
11			1			61	
12			1			62	
13			1			63	
14			1			64	
15			1			65	
16			1			66	
17			1			67	
18			1			68	
19			1			69	
20			1			70	
21			1			71	
22			1			72	
23			1			73	
24			1			74	
25			1			75	
26			1			76	
27			1			77	
28			1			78	
29			1			79	
30			1			80	
31			1			81	
32			1			82	
33			1			83	
34			1			84	
35			1			85	
36			1			86	
37			1			87	
38			1			88	
39			1			89	
40			1			90	
41			1			91	
42			1			92	
43			1			93	
44			1			94	
45			1			95	
46			1			96	
47			1			97	
48			1			98	
49			1			99	
50			1			100	
TOTAL IND.							
TOTAL DER.							
TOTAL CAND.							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
10 1							/51						
10 2							/52						
10 3							153						
10 4							154						
10 5							155						
10 6							156						
10 7							157						
10 8							158						
10 9							159						
110							160						
111							161						
112							62						
113							63						
114							64						
115							65						
116							66						
117							67						
118							68						
119							69						
120							70						
121							71						
122							72						
123							73						
124							74						
125							75						
126							76						
127							77						
128							78						
129							79						
130							80						
131							81						
132							82						
133							83						
134							84						
135							85						
136							86						
137							87						
138							88						
139							89						
140							90						
141							91						
142							92						
143							93						
144							94						
145							95						
146							96						
147							97						
148							98						
149							99						
150							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						